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Fill in this information to identify your case:		
United States Bankruptcy Court for the:  Northern District of: Illinois (State)		
Case number (if known)	Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13	Check if this is an amended filing

### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pá	art 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name	Edward	
	Write the name that is on	First name	First name
	your government-issued	J. Middle name	Middle name
	picture identification (for example, your driver's	Kossman	Middle Harrie
	license or passport	Last name	Last name
	Bring your picture identification to your meeting with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you		
	have used in the last	First name	First name
	8 years Include your married or	Middle name	Middle name
	maiden names.	Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
3.	Only the last 4 digits of your Social	XXX - XX0608	xxx - xx
	Security number or federal Individual	OR	OR
	Taxpayer Identification number (ITIN)	9 xx - xx-	9 xx - xx-

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D	ebtor 1 Edward First Name	J. Kossman  Middle Name Last Name	Case number (if known)
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer	I have not used any business names or EINs.	I have not used any business names or EINs.
	Identification Numbers (EIN) you have used in the last	Business name	Business name
	8 years	Business name	Business name
	Include trade names and doing business as names	EIN	EIN
		EIN	EIN
5.	Where you live		If Debtor 2 lives at a different address:
		16504 Craig Drive  Number Street	Number Street
		Oak Forest Illinois 60452	
		City State Zip Code Cook	City State Zip Code
		County	County
		If your mailing address is different from the one	If Debtor 2's mailing address is different from yours,
		<b>above</b> , <b>fill it in here</b> . Note that the court will send any notices to you at this mailing address.	<b>fill it in here.</b> Note that the court will send any notices to this mailing address.
		Number Street	Number Street
		City State Zip Code	City State Zip Code
6.	Why you are choosing this district	Check one:	Check one:
	to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		I have another reason. Explain. (See 28 U.S.C. §§ 1408.)	I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

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Debtor	1 Edward First Name	J. Middle Nam	Kossman e Last Name		Case number (if kno	wn)
Part 2:	Tell the Court Abo	ut Your Bankrup	tcy Case			
Baı	e chapter of the nkruptcy Code you e choosing to file der		brief description of each, s B2010)). Also, go to the top			C. § 342(b) for Individuals Filing for priate box.
8. Hov	w you will pay the	more details a cashier's chee may pay with  I need to pay Individuals to I request that judge may, but the official poyou choose the	about how you may pay. Sk, or money order If yo a credit card or check with the fee in installments. If Pay Your Filing Fee in Installments to the fee be waived (You at is not required to, waiverty line that applies to	Typically, if your attorney is the apre-printed of the pre-printed of	ou are paying the submitting your ed address. ethis option, sign official Form 103, this option only ad may do so onlice and you are u	the clerk's office in your local court for efee yourself, you may pay with cash, repayment on your behalf, your attorney an and attach the <i>Application for</i> A).  If you are filing for Chapter 7. By law, a y if your income is less than 150% of unable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official)
bar	ve you filed for nkruptcy within the t 8 years?	✓ No.  Yes. District  District		When When When	MM / DD / YYYY  MM / DD / YYYY	Case number  Case number  Case number
cas bei spo filir you par	e any bankruptcy ses pending or ing filed by a buse who is not ng this case with u, or by a business rtner, or by an iliate?	✓ No.  Yes. Debtor District Debtor District		When When	MM / DD / YYYY	Relationship to you  Case number, if known  Relationship to you  Case number, if known
	you rent your sidence?	✓ No.	landlord obtained an evicti Go to line 12.			you want to stay in your residence?  St You (Form 101A) and file it with

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Debtor 1 Edward Kossman Case number (if known) Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Eddie's Remodeling A sole proprietorship Name of business, if any is a business you operate as an PO Box 804 individual, and is not a Number Street separate legal entity such as a corporation, partnership, or LLC. If you have more than Oak Forest Illinois 60452 one sole City State Zip Code proprietorship, use a separate sheet and Check the appropriate box to describe your business: attach it to this Health Care Business (as defined in 11 U.S.C. § 101(27A)) petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have  $\overline{\mathsf{A}}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Edward J. Kossman Case number (if known)
First Name Middle Name Last Name

Pa	rt 5: Explain Your Effo	rts to Receive a Brie	fing About Credit Counseling			
		About Debtor 1:		Abo	ut Debtor 2 (Տր	oouse Only in a Joint Case):
15.	Tell the court	You must check one:		You	must check one:	
	whether you have received briefing about credit counseling.	counseling agen	ing from an approved credit ncy within the 180 days before I ptcy petition, and I received a npletion.	L d	counseling ager	ing from an approved credit ncy within the 180 days before I ptcy petition, and I received a npletion.
	The law requires that you receive a briefing		he certificate and the payment plan, veloped with the agency.			he certificate and the payment plan, veloped with the agency.
	about credit counseling before you file for bankruptcy. You must truthfully	counseling agen	ring from an approved credit ncy within the 180 days before I ptcy petition, but I do not have a mpletion.	L d	counseling ager	ing from an approved credit ncy within the 180 days before I ptcy petition, but I do not have a npletion.
	check one of the following choices. If you cannot do so, you are not eligible to file.		er you file this bankruptcy petition, opy of the certificate and payment	)		er you file this bankruptcy petition, opy of the certificate and payment
If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.		from an approve obtain those ser made my reques	ked for credit counseling services ed agency, but was unable to vices during the 7 days after I st, and exigent circumstances emporary waiver of the	f الساء ا	rom an approve obtain those sen nade my reques	ked for credit counseling services ed agency, but was unable to vices during the 7 days after I st, and exigent circumstances emporary waiver of the
		requirement, attac efforts you made t unable to obtain it	ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were before you filed for bankruptcy, and umstances required you to file this	r 6 1	equirement, atta efforts you made unable to obtain it	ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were t before you filed for bankruptcy, and umstances required you to file this
			e dismissed if the court is dissatisfied for not receiving a briefing before ruptcy.	١		e dismissed if the court is dissatisfied for not receiving a briefing before ruptcy.
		receive a briefing must file a certifica with a copy of the	fied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed.	r r \	eceive a briefing must file a certifica with a copy of the	fied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed.
			he 30-day deadline is granted only mited to a maximum of 15 days.			he 30-day deadline is granted only mited to a maximum of 15 days.
		I am not required counseling beca	d to receive a briefing about credit ause of:		am not require	d to receive a briefing about credit ause of:
		Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.	1	Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
		Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.	'	Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
		Active duty.	I am currently on active military duty in a military combat zone.		Active duty.	I am currently on active military duty in a military combat zone.
		about credit coun	are not required to receive a briefing seling, you must file a motion for ounseling with the court.	á	about credit cour	are not required to receive a briefing seling, you must file a motion for ounseling with the court.

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Debtor 1 Edward			se number <i>(if known)</i>	
First Name		Last Name		
Part 6: Answer These Que	estions for Reporting Purposes			
16. What kind of debts do you have?	No. Go to line 16b. ✓ Yes. Go to line 17.  16b. Are your debts primarily	primarily for a personal, far business debts? Business nvestment or through the control of the c	amily, or household purpose.  s debts are debts that you in operation of the business or	." curred to obtain
17. Are you filing under	□ Na + or	0 . "		
Chapter 7?	No. I am not filing under Chap	pter 7. Go to line 18.		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that	expenses are paid that for No.		any exempt property is exclud ibute to unsecured creditors?	led and administrative
funds will be available	_			
for distribution to				
unsecured creditors?				
18. How many creditors	<b>✓</b> 1-49	1,000-5,000		-50,000
do you estimate that	50-99	5,001-10,000		-100,000
you owe?	100-199	10,001-25,000	☐ More th	han 100,000
	200-999			
19. How much do you	<b>✓</b> \$0-\$50,000	\$1,000,001-\$10	million \$500,0	000,001-\$1 billion
estimate your assets	\$50,001-\$100,000	\$10,000,001-\$5	50 million	),000,001-\$10 billion
to be worth?	\$100,001-\$500,000	\$50,000,001-\$1	00 million	0,000,001-\$50 billion
	\$500,001-\$1 million	\$100,000,001-\$	5500 million	han \$50 billion
20. How much do you	\$0-\$50,000	\$1,000,001-\$10	million \$500,0	000,001-\$1 billion
estimate your	\$50,001-\$100,000	\$10,000,001-\$5		0,000,001-\$10 billion
liabilities to be?	\$100,001-\$500,000	\$50,000,001-\$1	00 million	0,000,001-\$50 billion
	\$500,001-\$1 million	\$100,000,001-\$	5500 million 🔲 More tl	han \$50 billion
Part 7: Sign Below	_	_	_	
_	I have examined this petition, ar	nd I declare under penalty	of periury that the informatic	on provided is true and
For you	correct.		pj j	
	If I have chosen to file under Chof title 11, United States Code. under Chapter 7.			
	If no attorney represents me and	d I did not hav or agree to a	nav someone who is not an :	attorney to help me fill
	out this document, I have obtain			
	I request relief in accordance wi	ith the chapter of title 11, l	Jnited States Code, specified	d in this petition.
	I understand making a false stat	tement, concealing proper	ty, or obtaining money or pro	operty by fraud in
	connection with a bankruptcy content. 18 U.S.C. §§ 152, 1341,		o \$250,000, or imprisonmer	nt for up to 20 years, or
	<b>X</b> /2/ Edward Kasarasa	1	K	
	/s/ Edward Kossman Signature of Debtor 1		Signature of Debtor 2	
	<b>G</b>		G	
	Executed on 5/24/2017 MM / DD	) / YYYY	Executed onMM / [	DD / YYYY

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Debtor 1 Edward	J.	Kossman	Case numbe	r (if known)
First Name	Middle Name	Last Name		
For your attorney, if you are represented by one	eligibility to proceed un	der Chapter 7, 11, 12,	or 13 of title 11, Un	I have informed the debtor(s) about ited States Code, and have explained the I also certify that I have delivered to the
If you are not represented by an	. ,		• •	n which § 707(b)(4)(D) applies, certify that I
attorney, you do not	•	er an inquiry that the in	formation in the scr	redules filed with the petition is incorrect.
need to file this page.	/s/ Robert W Glant Signature of Attorney		Date	5/24/2017 MM / DD / YYYY
	o.ga.a.e o. / a.eey	.0. 200101		
	Robert W Glantz			
	Printed name			
	Midwest Bankruptcy	Attorneys LLC		
	Firm name			
	321 N. Clark			
	Street			
	Suite 800			
	Chicago		Illinois	60654
	City		State	Zip Code
	Contact phone	3128360455	For all and division	
	Contact phone	3120300433	Email address <b>rwg</b> l	lantz@midwestbankruptcyattorneys.com
	6201207		Illin	ois
	Bar number		Sta	te

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Debtor 1 Edward First Name	J. Middle Name	Kossman Last Name	Case number (if known)	
Part 6: Answer These Que				
16. What kind of debts do you have?	16a. Are your debter "incurred by ar No. Go to lead of Yes. Go to lead of the Are your debter money for a bull of Yes. Go to lead of Yes. Go to lead of Yes. Go to lead of the Are your debter money for a bull of Yes. Go to lead of the Yes. Go to lead of the Yes. Go to lead of the Yes.	s primarily consumer debt i individual primarily for a p ine 16b. line 17. s primarily business debts isiness or investment or thr ine 16c. line 17.	s? Consumer debts are definersonal, family, or household are debts are debts tough the operation of the but tough the operation of the but tough the debts or business.	hat you incurred to obtain usiness or investment.
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	Yes. I am filing un expenses ar	g under Chapter 7. Go to line 1 der Chapter 7. Do you estimat e paid that funds will be availa		rty is excluded and administrative creditors?
<sup>18.</sup> How many creditors do you estimate that you owe?	✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	5,001	-5,000 -10,000 1-25,000	25,001-50,000 50,001-100,000 More than 100,000
<sup>19.</sup> How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,0 \$100,001-\$500 \$500,001-\$1 mi	\$10,0 ,000 \$50,0	0,001-\$10 million 00,001-\$50 million 00,001-\$100 million 000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
<sup>20.</sup> How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,0 \$100,001-\$500 \$500,001-\$1 mi	\$10,0 ,000 \$50,0	0,001-\$10 million 00,001-\$50 million 00,001-\$100 million 000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Part 7: Sign Below	· · · · · · · · · · · · · · · · · · ·			
For you	correct.  If I have chosen to fi of title 11, United St under Chapter 7.  If no attorney repres out this document, I request relief in acc I understand making connection with a bar	le under Chapter 7, I am aw lates Code. I understand the ents me and I did not pay of have obtained and read the cordance with the chapter of grafalse statement, conceal ankruptcy case can result in 152, 1341, 1519, and 3571	are that I may proceed, if eligerelief available under each or agree to pay someone who enotice required by 11 U.S. of title 11, United States Coding property, or obtaining matrines up to \$250,000, or im	
- Parante de la constante de l	Signature of Debt		Signature of Del	otor 2
	Executed on _	5/19/2017 MM / DD / YYYY	Executed on	MM / DD / YYYY

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Fill in this information to identify your case:					
Debtor 1	Edward	J.	Kossman		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	Northern	District of Illinois		
			(State)		
Case number (If known)					

	Check if	this	is	an
_	amende	d filir	ng	

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets	
	<b>Your assets</b> Value of what you own
Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$9,699.00
1c. Copy line 63, Total of all property on Schedule A/B	\$9,699.00
Part 2: Summarize Your Liabilities	
	<b>Your liabilities</b> Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$6,692.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$70,547.96
Your total liabilities	\$77,239.96
Part 3: Summarize Your Income and Expenses	
	<b>#4.000.00</b>
4. Schedule I: Your Income (Official Form 106I)	\$1,000.00
4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I	\$1,000.00

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Debto	1 Edward	J.	Kossman	Case number (if known)					
Part 4:	First Name  Answer These Ques	Middle Name stions for Administrati	Last Name ve and Statistical Recor	ds					
6. <b>Are</b>	6. Are you filing for bankruptcy under Chapters 7, 11, or 13?								
✓	No. You have nothing to re	eport on this part of the for	m. Check this box and submi	t this form to the court with your other sch	redules.				
7. <b>Wh</b> a	nt kind of debt do you hav	e?							
<b>✓</b>			mer debts are those incurred b ill out lines 8-10 for statistical p	y an individual primarily for a personal, purposes. 28 U.S.C. § 159.					
	Your debts are not prima this form to the court with		u have nothing to report on th	is part of the form. Check this box and sub	bmit				
	. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.  \$2,000.00								
9. C	opy the following special	categories of claims from	m Part 4, line 6 of Schedule	E/F:					
F	rom Part 4 on Schedule E	/F, copy the following:		Total claim					
9	a. Domestic support obligat	ions (Copy line 6a.)		\$0.00					
9	o. Taxes and certain other d	ebts you owe the governm	nent. (Copy line 6b.)	\$0.00					
9	c. Claims for death or perso	nal injury while you were ir	ntoxicated. (Copy line 6c.)	\$0.00					
9	d. Student loans. (Copy line	e 6f.)		\$0.00					
	e. Obligations arising out of riority claims. (Copy line 6g.		divorce that you did not repo	rt as \$0.00					
	, , , , , ,	•	similar debts. (Copy line 6h.)	\$0.00					

\$0.00

9g. Total. Add lines 9a through 9f.

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Fill in this information to identify your case:							
Debtor 1	Edward	J.	Kossman				
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		Northern	District of Illinois				
Case number (If known)			(State)				

### Official Form 106C

### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	Identify the Property You Clair	n as Exempt							
1.	1. Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you.								
	You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)								
	You are claiming federal exemption	ns. 11 U.S.C. § 522(b)(	2)						
2.	For any property you list on Schedule A	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.							
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption					
	Brief description:  Kia Optima, 2016  Line from Schedule A/B: 03	\$5,000.00	\$0  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b)					
	Brief description: Chevrolet Silverado 1500, 2006 Line from Schedule A/B: 03	\$3,624.00	\$2,400.00; \$1,224.00  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b)					
3.	✓ No	ery 3 years after that for	375? cases filed on or after the date of adjustment.) rithin 1,215 days before you filed this case?						

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Debtor 1 Edward J. Kossman Case number (if known)
First Name Middle Name Last Name

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemptio	
	Copy the value from Schedule A/B			
Brief description:	\$20.00	\$20.00	735 ILCS 5/12-1001(b)	
cash Line from Schedule A/B: 16		100% of fair market value, up to any applicable statutory limit	_	
Brief description:	\$26.00	<b>F</b> 20.00	735 ILCS 5/12-1001(b)	
Checking account, TCF Bank Line from		\$26.00  100% of fair market value, up to any applicable statutory limit	_	
Schedule A/B: 17  Brief			735 ILCS 5/12-1001(b)	
description:  Checking account,	\$100.00	\$100.00	733 1203 3/12-1001(b)	
Marquette Bank Line from Schedule A/B: 17		100% of fair market value, up to any applicable statutory limit		
Brief description:	\$100.00	<b>V</b>	735 ILCS 5/12-1001(b)	
Used furniture, bed, couch, table and chairs		100% of fair market value, up to any	_	
Line from Schedule A/B: 06		applicable statutory limit		
Brief description:	\$500.00	\$500.00	735 ILCS 5/12-1001(b)	
Very Old Stereo; 49" flatscreen TV 6 years old; 36" flat screen TV 7 years old		100% of fair market value, up to any applicable statutory limit	_	
Line from Schedule A/B: 07				
Brief description:	\$50.00	Ø50.00	735 ILCS 5/12-1001(b)	
10 year old eliptacal machine		\$50.00  100% of fair market value, up to any applicable statutory limit	_	
Line from Schedule A/B: 09		applicable statutory littlic		
Brief description:  IRA, Voyager	\$279.00	\$279.00	735 ILCS 5/12-1006	
Line from Schedule A/B: 21		100% of fair market value, up to any applicable statutory limit		
Brief description:	Unknown	<b>7</b>	735 ILCS 5/12-1001(d)	
Basic hand tools; carpentry tools used in debtor's trade		\$0  100% of fair market value, up to any applicable statutory limit	_	
Line from Schedule A/B: 44		spp. 1000 to outdoor, j milit		

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		Doo	cument Page 13 of 6	J-T		
Fill in this infor	mation to identify your cas	se:				
Debtor 1	Edward	J.	Kossman			
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States B	ankruptcy Court for the:	Northern	District of Illinois			
	amaptey court for the		(State)			
Case number (If known)	-					
Official	Form 106D			1		Check if this is a
		ara Wha Hay	ra Claima Caaur	ad by Dran		amended filing
			e Claims Secure			12/1
more space is i	•		e are filing together, both are equal ber the entries, and attach it to t	•		
	reditors have claims se	cured by your propert	v?			
-			rith your other schedules. You hav	e nothing else to repo	ort on this form.	
	Fill in all of the information		•			
	All Secured Claims					
	secured claims. If a credit	or has more than one secu	red claim list the creditor	Column A	Column B	Column C
separate	ly for each claim. If more th	an one creditor has a parti	icular claim, list the other creditors	Amount of claim	Value of	Unsecured
in Part 2 name.	. As much as possible, list	the claims in alphabetical c	order according to the creditor's	Do not deduct the value of collateral.	collateral	portion
marro.				value of collateral.	that supports	If only
2.1 KIAMOT					this claim	If any
Creditors		Describe the property	that secures the claim:	\$6,692.00	\$5,000.00	1f any \$1,692.00
10550	ORS Name FALBERT AVENUE	Describe the property Kia Optima   Value: \$5,0		\$6,692.00		,
10550 Numb	Name FALBERT AVENUE	Kia Optima   Value: \$5,0 As of the date you file,		\$6,692.00		,
	Name FALBERT AVENUE	Kia Optima   Value: \$5,0	00.00	\$6,692.00		,
Numb FOUNA	Name  FALBERT AVENUE  er Street	Kia Optima   Value: \$5,0 As of the date you file,	00.00	\$6,692.00		,
Numb	Name  FALBERT AVENUE  er Street	Kia Optima   Value: \$5,0 As of the date you file, Contingent	00.00	\$6,692.00		,
FOUNAT VALLEY City	Name FALBERT AVENUE er Street FIN CA 92708	Kia Optima   Value: \$5,0 As of the date you file, Contingent Unliquidated	00.00 the claim is: Check all that apply.	\$6,692.00		,
FOUNAT VALLEY City Who ow	Name FALBERT AVENUE er Street  FIN  CA 92708 State ZIP Code es the debt? Check one. tor 1 only	Kia Optima   Value: \$5,0 As of the date you file, Contingent Unliquidated Disputed Nature of lien. Check al	00.00 the claim is: Check all that apply.	\$6,692.00		,
FOUNAT VALLEY City Who ow Deb	Name FALBERT AVENUE er Street  FIN  CA 92708 State ZIP Code es the debt? Check one. tor 1 only tor 2 only	Kia Optima   Value: \$5,0 As of the date you file, Contingent Unliquidated Disputed Nature of lien. Check al An agreement you n car loan)	the claim is: Check all that apply.  If that apply.  If that apply.  If that apply.	\$6,692.00		,
FOUNAT VALLEY City Who ow Deb	Name FALBERT AVENUE er Street  FIN  CA 92708 State ZIP Code es the debt? Check one. tor 1 only tor 2 only tor 1 and Debtor 2 only	Kia Optima   Value: \$5,0  As of the date you file,  Contingent Unliquidated Disputed  Nature of lien. Check al  An agreement you n car loan) Statutory lien (such a)	the claim is: Check all that apply.  If the apply is the apply.  If the apply is the apply.  If the apply is the apply is the apply is the apply.  If the apply is the a	\$6,692.00		,
FOUNAT VALLEY City Who ow Deb Deb At le	Name FALBERT AVENUE er Street  FIN  CA 92708 State ZIP Code es the debt? Check one. tor 1 only tor 2 only	Kia Optima   Value: \$5,0 As of the date you file, Contingent Unliquidated Disputed Nature of lien. Check al An agreement you n car loan) Statutory lien (such al Judgment lien from	the claim is: Check all that apply.  If that apply.  Inade (such as mortgage or secured as tax lien, mechanic's lien)  a lawsuit	\$6,692.00		,
FOUNAT VALLEY City Who ow Deb Deb At leand	FINE CA 92708  State ZIP Code es the debt? Check one. tor 1 only tor 2 only tor 1 and Debtor 2 only east one of the debtors	Kia Optima   Value: \$5,0  As of the date you file,  Contingent Unliquidated Disputed  Nature of lien. Check al  An agreement you n car loan) Statutory lien (such a)	the claim is: Check all that apply.  If that apply.  Inade (such as mortgage or secured as tax lien, mechanic's lien)  a lawsuit	\$6,692.00		,

\$6,692.00

 $\label{eq:Add-def} \textbf{Add the dollar value of your entries in Column A on this page. Write that number}$ 

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Fill in this in	nformation to identify your c	ase:			
Debtor 1	Edward	J.	Kossman		
	First Name	Middle Name	Last Name		
Debtor 2	· -				
(Spouse, if filin	g) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	Northern	District of Illinois		
			(State)		
Case numb	er				
Official	Form 106E/F	_			Check if this is an amended filing
Official	FORTH TUBE/F				
Sche	dule E/F: Cre	ditors Who	<b>Have Unsec</b>	ured Claims	12/15
other party Form 106A/ claims that the entries known).	to any executory contracts B) and on Schedule G: Exe are listed in Schedule D: C	s or unexpired leases that cutory Contracts and Une reditors Who Hold Claims tach the Continuation Pag	could result in a claim. A expired Leases (Official Fo Secured by Property. If m	lso list executory contracts orm 106G). Do not include an nore space is needed, copy t	NONPRIORITY claims. List the on Schedule A/B: Property (Official y creditors with partially secured he Part you need, fill it out, number rite your name and case number (if
	y creditors have priority un		0112		
	lo. Go to Part 2.	secured ciainis against y	ou:		
	es.				
listed, As mu	identify what type of claim it i	is. If a claim has both priorit in alphabetical order accord	y and nonpriority amounts, ding to the creditor's name.	list that claim here and show b If you have more than two prio	rately for each claim. For each claim oth priority and nonpriority amounts. rity unsecured claims, fill out the

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total

claim

Priority

amount

Nonpriority

amount

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Debto	or 1 Edward First Name	J. Middle Name	Kossman Last Name	Case number (if k	(nown)	
Part 2	List All of Your NONPRIC		Claims			
3. [ [ 4. L	Oo any creditors have nonpriorit	y unsecured claims a ort in this part. Subm ured claims in the al parately for each claim	against you?  it this form to the c  phabetical order o  For each claim liste	d, identify what type of claim it is	claim. If a creditor has more. Do not list claims already	included in Part 1.
•	ago of Fait 2.					Total claim
4.1	BELL WEST COMMUNITY CR Nonpriority Creditor's Name 3060 WOLF RD Number Street		Wi	st 4 digits of account number _ nen was the debt incurred? of the date you file, the claim	6625 6/2006 is: Check all that apply.	\$0.00
	WESTCHESTER Illino City State Who incurred the debt? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a Check if this claim relates Is the claim subject to offset?  No Yes	Zip C one. nd another	ode L	Contingent Unliquidated Disputed De of NONPRIORITY unsecured Student loans Obligations arising out of a sep divorce that you did not report a bebts to pension or profit-shari debts Other. Specify 001 Au	paration agreement or as priority claims	
4.2	Best Buy Credit Services Nonpriority Creditor's Name		La	st 4 digits of account number	2854	\$1,561.56
	PO Box 78009 Number Street  Phoenix Arizo City State Who incurred the debt? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a Check if this claim relates Is the claim subject to offset?  No Yes	Zip C one. nd another	As Code Ty	of the date you file, the claim Contingent Unliquidated Disputed Contingent Student loans Obligations arising out of a sep divorce that you did not report debts Other. Specify Credi	d claim: paration agreement or as priority claims	
4.3	Cap1/BSTBY Nonpriority Creditor's Name PO BOX 5253 Number Street  CAROL STREAM Illino City State Who incurred the debt? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a	Zip C one.	7 ode WH	st 4 digits of account number then was the debt incurred?  of the date you file, the claim  Contingent  Unliquidated  Disputed  pe of NONPRIORITY unsecured  Student loans  Obligations arising out of a sep divorce that you did not report a debts	6/2010  is: Check all that apply.  d claim:  paration agreement or as priority claims	\$0.00
	☐ Check if this claim relates Is the claim subject to offset?  ✓ No ☐ Yes	to a community dek	ot 🗸	_	litCard	

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Debtor 1 Edward Kossman Case number (if known) Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim

4.4	CAP1/MNRDS	Last 4 digits of account number	\$3,500.00
	Nonpriority Creditor's Name 26525 N RIVERWOODS BLVD	When was the debt incurred? 4/2008	
	Number Street	<u> </u>	
		As of the date you file, the claim is: Check all that apply.  Contingent	
	LAKE FOREST Illinois 60045	— Unliquidated	
	City State Zip Code	불	
	Who incurred the debt? Check one.  Debtor 1 only	Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	<u> </u>	Student loans	
	Debtor 1 and Debtor 2 only  At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify CreditCard	
	<b>✓</b> No		
	Yes		
4.5	Cardiovascular Consultant		\$18.00
4.5	Nonpriority Creditor's Name	Last 4 digits of account number 0117	ψ10.00
	2800 W 87th Street  Number Street	When was the debt incurred?05/2017	
	Number Steet	As of the date you file, the claim is: Check all that apply.	
	Chicago Illinoia 60650	Contingent	
	ChicagoIllinois60652CityStateZip Code	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify Other	
	<b>✓</b> No		
	Yes		
4.6	CBNA	Land A Partie of a constant of the constant of	\$1,787.00
	Nonpriority Creditor's Name	Last 4 digits of account number	Ψ.,
	50 NORTHWEST POINT ROAD  Number Street	When was the debt incurred? 5/2013	
		As of the date you file, the claim is: Check all that apply.	
	ELK GROVE Illinois 60007	Contingent	
	VILLAGE	Unliquidated	
	City State Zip Code	Disputed	
	Who incurred the debt? Check one.  Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community debt	── debts  ✓ Other. Specify CreditCard	
	Is the claim subject to offset?	<del>_</del>	
	✓ No		
	Yes		

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Case number (if known) Debtor 1 Edward Kossman Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page Total claim After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

4.7	CBNA		Lord A Path of constitution when	\$1,561.00
	Nonpriority Creditor's Name			ψ.,σσσσ
	50 NORTHWEST POINT ROAD  Number Street		When was the debt incurred? 6/2010	
			As of the date you file, the claim is: Check all that apply.	
	ELK GROVE Illinois	60007	Contingent	
	VILLAGE	00007	Unliquidated	
	City State	Zip Code	Disputed	
	Who incurred the debt? Check one.  Debtor 1 only		Type of NONPRIORITY unsecured claim:	
	Debtor 2 only		Student loans	
	Debtor 1 and Debtor 2 only		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	At least one of the debtors and another		Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a commun	nity debt	debts  Other. Specify CreditCard	
	Is the claim subject to offset?		Groundard Groundard	
	<b>✓</b> No			
	Yes			
4.8	Citi			\$8,262.00
7.0	Nonpriority Creditor's Name		Last 4 digits of account number	Ψ0,202.00
	POB 6241 Number Street		When was the debt incurred? 4/1990	
	Number Street		As of the date you file, the claim is: Check all that apply.	
			Contingent	
	SIOUX FALLS South Dakota	57117	Unliquidated	
	City State	Zip Code	Disputed	
	Who incurred the debt? Check one.  Debtor 1 only		Type of NONPRIORITY unsecured claim:	
	Debtor 2 only		Student loans	
	Debtor 1 and Debtor 2 only		Obligations arising out of a separation agreement or	
	<u>'</u>		divorce that you did not report as priority claims	
	At least one of the debtors and another		Debts to pension or profit-sharing plans, and other similar debts	
	Check if this claim relates to a commun	nity debt	Other. Specify CreditCard	
	Is the claim subject to offset?			
	✓ No			
	Yes			
4.9	COMENITY BANK/ROOMPLCE		Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name PO BOX 182789		When was the debt incurred? 4/2009	
	Number Street		As of the date you file the claim in Check all that apply	
			As of the date you file, the claim is: Check all that apply.  Contingent	
	COLUMBUS Ohio	43218	Unliquidated	
	City State	Zip Code		
	Who incurred the debt? Check one.  Debtor 1 only		Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
			Student loans	
	Debtor 1 and Debtor 2 only		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	At least one of the debtors and another		Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a commun	nity debt	debts	
	Is the claim subject to offset?		Other. Specify CreditCard	
	Yes			

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Debtor 1 Edward Kossman Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 DISCOVER FIN SVCS LLC \$6,222.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1/2011 PO BOX 15316 Number Street As of the date you file, the claim is: Check all that apply. Contingent WILMINGTON Delaware 19850 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ CreditCard Is the claim subject to offset? **✓** No Yes 4.11 DISCOVERBANK \$6,222.00 Last 4 digits of account number 1918 Nonpriority Creditor's Name When was the debt incurred? POB 15316 Number Street As of the date you file, the claim is: Check all that apply. Contingent WILMINGTON Delaware 19850 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ CreditCard Is the claim subject to offset? **✓** No Yes **FNB OMAHA** 4.12 \$8,683.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 2490 When was the debt incurred? 2/2016 Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Omaha Nebraska 68103 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify \_ CreditCard Is the claim subject to offset? **✓** No

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Debtor 1 Edward Kossman Case number (if known) Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 Great Lakes Credit Union \$11,639.28 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2111 Waukegan Road Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60015 Bannockburn Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify \_\_\_ Other Is the claim subject to offset? **✓** No Yes 4.14 **GREATLKSCU** \$0.00 0800 Last 4 digits of account number \_\_ Nonpriority Creditor's Name When was the debt incurred? 8/2015 **BUILDING 290** Number As of the date you file, the claim is: Check all that apply. Contingent **GREAT LAKES** 60088 Illinois Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_ 048 Automobile Is the claim subject to offset? **✓** No Yes 4.15 Kay Jewelers \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 375 GHENT RD When was the debt incurred? 10/2011 Number As of the date you file, the claim is: Check all that apply. Contingent FAIRLAWN 44333 Ohio Unliquidated City Zip Code State Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_\_ CreditCard Is the claim subject to offset? **✓** No

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Debtor 1 Edward Kossman Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 Little Company of Mary Hospital & Health Care Center \$668.12 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 97677 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Chicago Illinois 60678 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Other Is the claim subject to offset? **✓** No Yes 4.17 NISSAN MOTOR ACCEPTANC \$6,267.00 Last 4 digits of account number 0001 Nonpriority Creditor's Name PO BOX 660360 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent DALLAS 75266 Texas Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ 079 Automobile Is the claim subject to offset? **✓** No Yes **PNCBANK** 4.18 \$0.00 Last 4 digits of account number \_ Nonpriority Creditor's Name 2730 LIBERTY AVE When was the debt incurred? 11/2012 Number As of the date you file, the claim is: Check all that apply. Contingent PITTSBURGH 15222 Pennsylvania Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_ 060 InstallmentLoan Is the claim subject to offset? No

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Debtor 1 Edward Kossman Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.19 **PNCBANK** \$0.00 Last 4 digits of account number 1713 Nonpriority Creditor's Name 2730 LIBERTY AVE When was the debt incurred? 7/2013 Number Street As of the date you file, the claim is: Check all that apply. Contingent **PITTSBURGH** Pennsylvania 15222 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ 060 InstallmentLoan Is the claim subject to offset? **✓** No Yes 4.20 Syncb/Care Credit \$4,703.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 965036 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent ORLANDO Florida 32896 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ CreditCard Is the claim subject to offset? **✓** No Yes SYNCB/CARECR 4.21 \$4,804.00 Last 4 digits of account number Nonpriority Creditor's Name C/O PO BOX 965036 When was the debt incurred? 4/2007 Number As of the date you file, the claim is: Check all that apply. Contingent **ORLANDO** 32896 Florida Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_ CreditCard Is the claim subject to offset? No **|** 

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Debtor 1 Edward Kossman Case number (if known) Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.22 SYNCB/WALMART DC \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 105972 When was the debt incurred? 11/2010 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 30348 Atlanta Georgia City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify \_\_\_ CreditCard Is the claim subject to offset? **✓** No Yes 4.23 SYNCB/WLMRTD \$2,863.00 8395 Last 4 digits of account number \_\_\_ Nonpriority Creditor's Name 11/2010 PO Box 530927 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent 30353 Atlanta Georgia Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_ Is the claim subject to offset? **✓** No Yes SYNCG/GAP 4.24 \$0.00 Last 4 digits of account number 2179 Nonpriority Creditor's Name PO Box 530942 When was the debt incurred? 10/2005 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 30353 Atlanta Georgia Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_ CreditCard Is the claim subject to offset? **✓** No

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Debtor 1 Edward Kossman Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.25 THD/CBNA \$1,787.00 Last 4 digits of account number Nonpriority Creditor's Name P.O.Box 6497 When was the debt incurred? 5/2013 Street Number As of the date you file, the claim is: Check all that apply. Contingent SIOUX FALLS South Dakota 57117 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_ CreditCard Is the claim subject to offset? **✓** No Yes 4.26 US BANK \$0.00 Last 4 digits of account number 2998 Nonpriority Creditor's Name 1100 SOÓ LINE BLDG When was the debt incurred? 11/2009 Number Street As of the date you file, the claim is: Check all that apply. Contingent MINNEAPOLIS Minnesota 55402 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ CreditCard Is the claim subject to offset? **✓** No Yes **USBANKHM** 4.27 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. BOX 20005 When was the debt incurred? 10/2011 Number As of the date you file, the claim is: Check all that apply. Contingent 42304 **OWENSBORO** Kentucky Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_ 360 Mortgage Is the claim subject to offset? No

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Debtor 1 Edward Kossman Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.28 WELLS FARGO HM MORTGAG \$0.00 Last 4 digits of account number \_ Nonpriority Creditor's Name 7495 NEW HORIZON WAY When was the debt incurred? 5/2010 Number Street As of the date you file, the claim is: Check all that apply. Contingent **FREDERICK** 21703 Maryland Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 360 Mortgage Other. Specify \_\_\_\_ Is the claim subject to offset? **✓** No Yes

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Debtor 1 Edward J. Kossman Case number (if known)

First Na	me Middle Name Last Name			
Part 4: Add th	ne Amounts for Each Type of Unsecured Claim			
6. Total the a	mounts of certain types of unsecured claims. This information is nounts for each type of unsecured claim.		statistical reporting purposes only. 28 U.S.C. §159.	
			Total Claims	
Total claims from Part 1	6a. Domestic support obligations.	6a.	\$0.00	
	6b. Taxes and certain other debts you owe the government	6b.	\$0.00	
	6c. Claims for death or personal injury while you were intoxicated	6c.		
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$0.00	
	6e. Total. Add lines 6a through 6d.		\$0.00	
			Total claims	
Total claims from Part 2	6f. Student loans	6f.	\$0.00	
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00	
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00	
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$70,547.96	
	6j. Total. Add lines 6f through 6i.	6j.	\$70,547.96	

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Fill in this infor	mation to identify your c	ase:	
Debtor 1	Edward	J.	Kossman
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		Northern	District of Illinois (State)
Case number (If known)			()

### Official Form 106G

Check if this is an amended filing

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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			· ·		
Fill in this infor	mation to identify your c	ase:			
Debtor 1	Edward	J.	Kossman		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
(epodoo,g)	riist name	wilddie Name	Last Name		
United States E	Bankruptcy Court for the:	Northern	District of Illinois		
Case number			(State)		
(If known)				•	_
					Check if this is an amended filing
Official	Earm 1064				arrended ming
Official	Form 106H				
Schedul	e H: Your Cod	lebtors			12/15
No Yes  Within the Idaho, Lo	e last 8 years, have you uisiana, Nevada, New Mex	ou are filing a joint case, do	operty state or territory	<b>ı?</b> (Commuı	nity property states and territories include Arizona, California,
	Go to line 3.				
Yes	•	er spouse, or legal equiva	alent live with you at the	time?	
<b>✓</b>	No				
Ш	Yes. In which communit	y state or territory did yo	u live?	Fill in t	the name and current address of that person.
	Name of your spouse, f	ormer spouse, or legal equ	iivalent		
	Number Street				
	City	State	Zip C	ode	
	-				
	•		•		buse is filing with you. List the person shown in line 2 and the creditor on Schedule D (Official Form 106D),

Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

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			50	oamone	1 ago 20			
Fill	in this inf	ormation to identify	your case:					
Deb	otor 1	Edward	J.	Kossma	n			
		First Name	Middle Name	Last Na	me	Che	eck if this is:	
	o <b>tor 2</b> use. if filina)	First Name	Middle Name	Last Na	mo	- I n	An amended filing	
							A supplement showing p	oost-petition chapter 13
the:		Bankruptcy Court for	Northern	District of Illin	ois ate)		expenses as of the follow	
	e number					_	MA (DD ()000/	
(IT KI	iown)						MM / DD / YYYY	
<u>Of</u>	ficial	Form 106I						
Sc	hedul	le I: Your In	come					12/15
infoi spoi num	rmation a use. If mo ber (if kn	bout your spouse. I		d your spouse	e is not filing	with you, do	not include informati	ion about your
1.	Fill in you	r employment		Debtor 1			Debtor 2	
	informatio		Empleyment status	_				
	•	e more than one job,	Employment status	✓ Employ			Employed	
		parate page with n about additional		Not Em	pioyeu		Not Employed	
	employers.		Occupation	Sole proprie	torship		_	
	Include pa	rt time, seasonal, or	Employer's name	Eddie's Ren	nodeling		_	_
		n may include student	Employer's address	PO Box 804			_	
	•	aker, if it applies.		Number Stre	et		Number Street	
				Oak Forest City	Illinois State	60452 Zip Code	- City	Chata Zin Coda
				7 years 4 m		Zip Code	City	State Zip Code
			How long employed there?	r years 4 m	Ontris			
Pa	rt 2: Giv	e Details About N	Monthly Income					
sp	ouse unles	s you are separated.	the date you file this forr					
		non-filing spouse have attach a separate she	e more than one employer, et to this form.	, combine the ir	formation for	all employers fo		s below. If you need
					For I	Debtor 1	For Debtor 2 or non-filing spouse	
2.			ary, and commissions (before, calculate what the monthly		2.	\$0.00		-
3.	Estimate	e and list monthly ove	rtime pay.		3	+ \$0.00		<u>-</u> _
4.	Calculat	te gross income. Add li	ine 2 + line 3.		4.	\$0.00		

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Debto		Kossman	Case numbe	r <i>(if</i>	
	First Name Middle Name	Last Name	known) For Debtor 1	For Debtor 2 or non-filing spouse	
Сор	y line 4 here	<b>→</b> 4.	\$0.00		
5. List	all payroll deductions:				
5a.	Tax, Medicare, and Social Security deductions	5a.	\$0.00		
5b.	Mandatory contributions for retirement plans	5b.	\$0.00		
5c.	Voluntary contributions for retirement plans	5c.	\$0.00		
5d.	Required repayments of retirement fund loans	5d.	\$0.00		
5e.	Insurance	5e.	\$0.00		
5f.	Domestic support obligations	5f.	\$0.00		
5g.	Union dues	5g.	\$0.00		
5h.	Other deductions. Specify:	5h. +	\$0.00 +	·	
6. <b>Add</b> +5h.	the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5d$	of + 5g 6.	\$0.00		
7. Cald	culate total monthly take-home pay. Subtract line 6 from lin	e 4. 7.	\$0.00		
	all other income regularly received:				
	Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing				
	gross receipts, ordinary and necessary business expenses, and the total monthly net income.	d 8a.	\$1,000.00		
8b.	Interest and dividends	8b.	\$0.00		
	Family support payments that you, a non-filing spouse, or dependent regularly receive				
	Include alimony, spousal support, child support, maintenance divorce settlement, and property settlement.	8c.	\$0.00		
	Unemployment compensation	8d.	\$0.00		
	Social Security	8e.	\$0.00		
	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non- cash assistance that you receive, such as food stamps (benefit under the Supplemental Nutrition Assistance Program) or housing subsidies Specify:	s 8f.	\$0.00		
8.0	Pension or retirement income	8g.	\$0.00		
	Other monthly income. Specify:	8h. +	\$0.00 +		
	<b>all other income</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g		\$1,000.00		
o. Add	an other modifie had mice out out out out out of our or	011.	φ1,000.00		
	culate monthly income. Add line 7 + line 9.  If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing s	10. pouse	\$1,000.00	=	\$1,000.00
Incl frier	ate all other regular contributions to the expenses that you do contributions from an unmarried partner, members of younds or relatives.  not include any amounts already included in lines 2-10 or amounts.	r household, your	dependents, your roomr		
		and that are not t	valiable to pay experies	11.	+ \$0.00
	ony.				Ψ0.00
	d the amount in the last column of line 10 to the amount te that amount on the <i>Summary of Schedules and Statistical St</i>				\$1,000.00
					Combined monthly income
13. <b>Do</b>	you expect an increase or decrease within the year after	you file this form	?		
✓	No.				
	Yes. Explain:				

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Debtor 1Edward J.		Koss	Kossman		Case number (if			
First Name	Middle Name	Last Name			known)			
Official Form 106I. Add	litional page.							
8a.Net income from rental property and from operating a business, profession, or farm								
8a.1 Eddie's Remodeling		Debtor 1	Debtor 2					
Gross receipts (before all deductions)		\$1,000.00						
Ordinary and necessary operation	ng expenses	-\$0.00						
Net monthly income from a bus	siness, profession, or	\$1,000.00		Copy here	\$1,000.00		_	

Official Form 106l Schedule I: Your Income page 3

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		Docu	ıment Page 31 of 64	1	
Fill in this infor	mation to identify y	our case:			
Debtor 1	Edward First Name	J. Middle Name	Kossman Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	Check if this is:  An amended filing	ng
United States E	Bankruptcy Court for	r the: Northern	District of Illinois (State)		howing post-petition chapter 13 the following date:
Case number (If known)				MM / DD / YYYY	<del></del>
Official	Form 106	<u>5J</u>			
Schedul	e J: Your E	xpenses			12/15
information. If		possible. If two married people a ded, attach another sheet to this 1.			
Part 1: Des	cribe Your Hous	sehold			
1. Is this a joi	nt case?				
✓ No. Go	o to line 2				
Yes. Do	oes Debtor 2 live i	n a separate household?			
	No				
	Yes. Debtor 2 m	ust file Official Forms 106J-2, <i>Exper</i>	nses for Separate Household of Deb	tor 2.	
2. Do you hav	e dependents?	<b>✓</b> No			
Do not list D Debtor 2.	Debtor 1 and	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
	penses include f people other	<b>√</b> No			
than yourself and dependents	-	Yes			
Part 2: Estin	mate Your Ongo	oing Monthly Expenses			
_	of a date after the	our bankruptcy filing date unless y bankruptcy is filed. If this is a sup		<u>-</u>	•
	•	non-cash government assistance ded it on Sc <i>hedule I: Your Income</i>	-		Your expenses
	I or home ownersh or the ground or lot.	ip expenses for your residence. In 4.	clude first mortgage payments and		<u>\$650.00</u>
If not incl	luded in line 4:				

\$0.00

\$0.00

\$0.00

\$0.00

4a

4b.

4c.

4d.

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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Debtor 1 Edward J. Kossman Case number (if known)
First Name Middle Name Last Name

6. Utilities:         6.a.         \$8.0.00           6.b. Water, sewer, garbage collection         6b.         \$0.00           6b. Water, sewer, garbage collection         6c.         \$83.00           6c. Teliphona, cell phone, Internet, satellife, and cable services         6c.         \$83.00           6c. Teliphona, cell phone, Internet, satellife, and cable services         6c.         \$83.00           6c. Teliphona, cell phone, Internet, satellife, and cable services         7c.         \$300.00           6c. Childcare and children's education costs         8c.         \$300.00           6c. Childcare and children's education costs         8c.         \$300.00           9c. Clothing, laundry, and dry cleaning         9c.         \$300.00           10. Personal care products and services         11.         \$300.00           11. Medical and dental expenses         11.         \$300.00           12. Transportation, Include gas, maintenance, bus or train fare.         12.         \$200.00           12. Transportation, Include gas, maintenance, bus or train fare.         12.         \$200.00           15. Insurance.         12.         \$200.00           16. Characteristic insurance deducted from your pay or included in lines 4 or 20.         15.         \$30.00           15. Life insurance.         15c         \$115.00	First Name	Middle Name Last Name		
6. Utilities:       6.8. S. 30.00         6. B. Ederfrioty, heat, natural gas       6a. S. 30.00         6b. Water, sower, garbage collection       6b. S. 30.00         6c. Telephone, cell phone, Internet, satellite, and cable services       6c. S. 33.00         6d. Other. Spacity:       6d. S. 30.00         7. Food and housekeeping supplies       8. S. 50.00         8. Childcare and children's education costs       8. S. 50.00         9. Clothing, laundry, and dry cleaning       9. S. 30.00         10. Personal care products and services       10. S. 25.00         11. Medical and dental expenses       11. S. 50.00         12. Transportation, Include gas, maintenance, bus or train fare.       12. S. 200.00         Do not include car payments       13. S. 20.00         14. Charitable contributions and religious donations       13. S. 30.00         15. Insurance.       15a. S. 50.00         15. Insurance.       15a. S. 50.00         15b. Health insurance       15a. S. 50.00         15c. Vehicle insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance.         15c. Vehicle insurance. Specify:       15a. S. 50.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       50.00         17. Installment or lease payments:       15a. S. 50.00				Your expenses
68. Electricity, heat, natural gas         6a.         \$0.00           69. Water, serwer, garbage collection         6b.         \$0.00           6c. Telephone, call phone, Internet, satellile, and cable services         6c.         \$83.00           6d. Other, Spacity:         6d.         \$80.00           7. Food and housekeeping supplies         7.         \$300.00           8. Childcare and childran's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$30.00           10. Personal care products and services         10.         \$25.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation, include gas, maintenance, bus or train fare.         12.         \$200.00           15. Insurance.         12.         \$200.00           16. Charitable contributions and religious donations         13.         \$0.00           15. Insurance.         15.         \$0.00           15. Health insurance         15a.         \$0.00           15b. Health insurance         15a.         \$0.00           15c. University insurance.         15a.         \$0.00           15c. University insurance.         15a.         \$0.00           15c. Againstrance.         \$0.00 <td< td=""><td>5. Additional mortgage payme</td><td>ents for your residence, such as home equity loans</td><td>5.</td><td>\$0.00</td></td<>	5. Additional mortgage payme	ents for your residence, such as home equity loans	5.	\$0.00
6b. Water, sewer, garbage collection 6c. Telaphone, cell phone, Internet, satellite, and cable services 6c. S83.00 6c. Telaphone, cell phone, Internet, satellite, and cable services 6c. S83.00 6c. Telaphone, cell phone, Internet, satellite, and cable services 6c. S83.00 6c. Telaphone, Cell phone, Internet, satellite, and cable services 6c. S83.00 6c. Telaphone, Cell phone, Internet, satellite, and cable services 6c. S83.00 6c. Telaphone, Cell phone, Internet, satellite, and cable services 7c. Soa.00 7c. Food and housekeeping supplies 7c. Sao.00 7c. Childcare and children's education costs 8c. Sao.00 9c. Sao.00 9c. Children's education costs 8c. Sao.00 9c. Sao.00 9c. Children's education costs 8c. Sao.00 9c. Sao.00 9c. Children's education costs 9c. Sao.00 9c. Property, homeowner's, or renter's insurance 9c. Sao.00 9c. Children's education costs 9c. Sao.00 9c. Children's education costs 9c. Sao.00 9c. Property, homeowner's, or renter's insurance 9c. Sao.00 9c. Children's education costs 9c. Sao.00 9c. Children's education costs 9c. Sao.00 9c. Property, homeowner's, or renter's insurance 9c. Sao.00 9c. Children's education costs 9c. Sao.00 9c. Children's education costs 9c. Sao.00 9c. Children's education costs 9c. Sao.00 9c. Property, homeowner's, or renter's insurance	6. Utilities:			
6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$83.00           6d. Other. Specify:         6d.         \$0.00           7. Food and housekeeping supplies         8.         \$0.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$3.00           10. Personal care products and services         10.         \$25.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$200.00           15. Intertal inment, clubs, recreation, newspapers, magazines, and books         13.         \$200.00           16. Charitable contributions and religious donations         14.         \$0.00           15. Insurance         15a. Life insurance         15a. Elie insurance         15a. Elie insurance         15b.         \$0.00           15a. Life insurance         15a. Elie insurance         15b.         \$0.00           15b. Vehicle insurance. Specify:         15b.         \$0.00           15c. Vehicle insurance. Specify:         15b.         \$0.00           15c. Vehicle insurance. Specify:         15c.         \$15c.           \$1c. Taxes. Do not include taxes deducted from your pay or included	6a. Electricity, heat, natural ga	as	6a.	\$0.00
6d. Other. Specify:  7. Food and housekeeping supplies  8. Childcare and children's education costs  8. Childcare and children's education costs  8. Sh.000  8. Childcare and children's education costs  9. Sa0.00  10. Personal care products and services  10. \$255.00  11. Medical and dental expenses  11. \$0.00  12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments  13. Entertainment, clubs, recreation, newspapers, magazines, and books  14. \$0.00  15. Insurance. Do not include are payments  15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15c. Vehicle insurance  15d. Other insurance. Specify: 15d. Cother insurance. Specify: 15d. Cother insurance. Specify: 17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify: 17d. Other.	6b. Water, sewer, garbage co	llection	6b.	\$0.00
7. Food and housekeeping supplies       7. \$300.00         8. Childrare and childrare's education costs       8. \$0.00         9. Clothing, laundry, and dry cleaning       9. \$30.00         9. Clothing, laundry, and dry cleaning       10. \$25.00         10. Personal care products and services       11. \$0.00         11. Medical and dental expenses       11. \$0.00         12. Transportation. Include gas, maintenance, bus or train fare.       12. \$200.00         10. not include car payments       13. \$20.00         13. Entertailment, clubs, recreation, newspapers, magazines, and books       13. \$20.00         14. Charitable contributions and religious donations       15. \$20.00         15. Insurance.       156. \$30.00         15b. Health insurance educated from your pay or included in lines 4 or 20.       156. \$30.00         15c. Vehicle insurance. Specify:       156. \$30.00         15c. Vehicle insurance. Specify:       156. \$30.00         15. Insurance. On not include taxes deducted from your pay or included in lines 4 or 20.       \$30.00         15c. Vehicle insurance. Specify:       156. \$30.00         17. Installment or lease payments:       17         17a. Car payments for Vehicle 1       17a. \$20.00         17b. Car payments for Vehicle 2       17b. \$30.00         17c. Other. Specify:       17c. \$30.00 <td>6c. Telephone, cell phone, In</td> <td>ternet, satellite, and cable services</td> <td>6c.</td> <td>\$83.00</td>	6c. Telephone, cell phone, In	ternet, satellite, and cable services	6c.	\$83.00
8. Childcare and children's education costs       8.       \$0.00         9. Clothing, laundry, and dry cleaning       9.       \$33.00         10. Personal care products and services       10.       \$25.00         11. Medical and dental expenses       11.       \$0.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$200.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$20.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance.       15a.       \$0.00         15a. Life insurance deducted from your pay or included in lines 4 or 20.       15a.       \$0.00         15b. Health insurance       15a.       \$0.00         15c. Vehicle insurance. Specify:       15c       \$115.00         15d. Other insurance. Specify:       15c       \$0.00         15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         \$pecify:       17a.       \$239.00         17a. Car payments for Vehicle 1       17a.       \$239.00         17b. Carpayments for Vehicle 2       17b.       \$0.00         17c. Cuber. Specify:       17d.       \$0.00         17d. Other. Specify: <td< td=""><td>6d. Other. Specify:</td><td></td><td>6d</td><td>\$0.00</td></td<>	6d. Other. Specify:		6d	\$0.00
9. Clothing, laundry, and dry cleaning       9.       \$30.00         10. Personal care products and services       10.       \$25.00         11. Medical and dental expenses       11.       \$0.00         12. Transportation, include gas, maintenance, bus or train fare.       200.00       12.         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$20.00         14. Charitable contributions and religious donations       15.       \$0.00         15. Insurance.       156.       \$0.00         15. Insurance       158.       \$0.00         15. Leath insurance deducted from your pay or included in lines 4 or 20.       156.       \$0.00         15. Vehicle insurance       156       \$0.00         15. Vehicle insurance.       156       \$0.00         15. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         Specify: Other. Specify: 17. Installment or lease payments.       17a       \$0.00	7. Food and housekeeping sup	pplies	7.	\$300.00
10. Personal care products and services       10.       \$25.00         11. Medical and dental expenses       11.       \$0.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$200.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$20.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a       \$0.00         15b. Health insurance       15b       \$0.00         15c. Vehicle insurance. Specify:       15c       \$15.00         15c. Vehicle insurance. Specify:       15c       \$10.00         15c. Vehicle insurance.       15c       \$10.00         15c. Vehicle insurance.       15c       \$10.00         15c. Vehicle insurance. <td>8. Childcare and children's ed</td> <td>lucation costs</td> <td>8.</td> <td>\$0.00</td>	8. Childcare and children's ed	lucation costs	8.	\$0.00
11. Medical and dental expenses       11.       \$0.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$200.00         12. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$20.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance.       15a       \$0.00         Do not include insurance deducted from your pay or included in lines 4 or 20.       15a       \$0.00         15b. Health insurance       15b       \$0.00         15c. Vehicle insurance       15c       \$115.00         15c. Vehicle insurance. Specify:       15d       \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         Specify:       16       \$0.00         17. Installment or lease payments:       17a       \$239.00         17. Cother. Specify:       17a       \$239.00         17b. Car payments for Vehicle 1       17a       \$239.00         17c. Other. Specify:       17c       \$0.00         17c. Other. Specify:       17d       \$0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106l).       18.	9. Clothing, laundry, and dry o	leaning	9.	\$30.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15b. Health insurance 15c. Vehicle insurance. Specify: 15c. Vehicle insurance. Specify: 15c. Other insurance. Specify: 15c. Vehicle insurance. Specify: 15c. Vehicle insurance. Specify: 15c. Vehicle insurance. Specify: 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Taxes. Do not included in lines 4 or 20. 15c. Taxes. Do not included in lines 4 or 20. 15c. Taxes. Do not included in lines 4 or 20. 15c. Taxes. Do not included in lines 4 or 20. 15c. Taxes. Do not included in lines 4 or 20. 15c. Taxes. Do not included in lines 4 or 20. 15c. Taxes. Do not included in lines 4 or 20. 15c. Taxes. Do not included in lines 4 or 20. 15c. Taxes. Do not included in lines 4 or 20. 15c. Taxes. Do not included in lines 4 or 20. 15c. Taxes. Do not included in lines 4 or 20. 15c. Taxes. Do not included in lines 4 or 20. 15c. Taxes. Do not included in lines 4 or 20. 15c. Taxes. Do not included in lines 4 or 20. 15c. Taxes. Do not included in lines 4 or 20. 15c. Taxes.	10. Personal care products ar	nd services	10.	\$25.00
Do not include car payments   13.	11. Medical and dental expen	ses	11.	\$0.00
14. Charitable contributions and religious donations       14. \$0.00         15. Insurance.       30.00         15. Insurance       15a. \$0.00         15a. Life insurance       15b. \$0.00         15b. Health insurance       15b. \$0.00         15c. Vehicle insurance       15c. \$115.00         15c. Vehicle insurance. Specify:       15d. \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         Specify:       16         17a. Installment or lease payments:       17a. \$239.00         17b. Car payments for Vehicle 1       17a. \$239.00         17c. Other. Specify:       17c. \$0.00         17d. Other. Specify:       17c. \$0.00         17d. Other. Specify:       17d. \$0.00         18. Your payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18.         19. Other payments you make to support others who do not live with you.       \$0.00         Specify:       Child       19. \$700.00         20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.       20a. \$0.00         20b. Real estate taxes.       20b. \$0.00         20c. Property, homeowner's, or renter's insurance       20c. \$0.00	-		12.	\$200.00
15. Insurance.	13. Entertainment, clubs, recr	reation, newspapers, magazines, and books	13.	\$20.00
Do not include insurance deducted from your pay or included in lines 4 or 20.   15a. Life insurance   15a   \$0.00     15b. Health insurance   15b   \$0.00     15c. Vehicle insurance   15c   \$115.00     15c. Vehicle insurance. Specify:	14. Charitable contributions a	nd religious donations	14.	\$0.00
15b. Health insurance		ducted from your pay or included in lines 4 or 20.		
15c. Vehicle insurance       15c       \$115.00         15d. Other insurance. Specify:       15d       \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       Specify:       16         17. Installment or lease payments:       17. Installment or lease payments:         17a. Car payments for Vehicle 1       17a       \$239.00         17b. Car payments for Vehicle 2       17b       \$0.00         17c. Other. Specify:       17c       \$0.00         17d. Other. Specify:       17d       \$0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18.         19. Other payments you make to support others who do not live with you.       \$0.00         Specify:       Child       19.       \$700.00         20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.       20a       \$0.00         20b. Real estate taxes.       20b       \$0.00         20c. Property, homeowner's, or renter's insurance       20c       \$0.00         20c. Property, homeowner's, or renter's insurance       20d       \$0.00         20c. Maintenance, repair, and upkeep expenses.       20d       \$0.00 <td>15a. Life insurance</td> <td></td> <td>15a</td> <td>\$0.00</td>	15a. Life insurance		15a	\$0.00
15d. Other insurance. Specify:	15b. Health insurance		15b	\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         Specify:	15c. Vehicle insurance		15c	\$115.00
Specify:	15d. Other insurance. Specify	<u>/:</u>	15d	\$0.00
17. Installment or lease payments:       17a       \$239.00         17b. Car payments for Vehicle 1       17a       \$239.00         17b. Car payments for Vehicle 2       17b       \$0.00         17c. Other. Specify:       17c       \$0.00         17d. Other. Specify:       17d       \$0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18.         19. Other payments you make to support others who do not live with you.       19.       \$700.00         20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.       20a       \$0.00         20b. Real estate taxes.       20b       \$0.00         20c. Property, homeowner's, or renter's insurance       20c       \$0.00         20d. Maintenance, repair, and upkeep expenses.       20d       \$0.00	16. Taxes. Do not include taxes	deducted from your pay or included in lines 4 or 20.		
17. Installment or lease payments:       17a. Car payments for Vehicle 1       17a. \$239.00         17b. Car payments for Vehicle 2       17b. \$0.00         17c. Other. Specify:       17c. \$0.00         17d. Other. Specify:       17d. \$0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18.         19. Other payments you make to support others who do not live with you.       19. \$700.00         20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.       20a. \$0.00         20b. Real estate taxes.       20b. \$0.00         20c. Property, homeowner's, or renter's insurance       20c. \$0.00         20d. Maintenance, repair, and upkeep expenses.       20d. \$0.00	Specify:		16	\$0.00
17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Specify: 18d. Specify: 18d. Specify: 18d. Specify: 19d. Specify: 19d. Specify: 20d. Mortgages on other property 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses.	17. Installment or lease paym	ents:	10	
17c. Other. Specify:	17a. Car payments for Vehicl	e 1	17a	\$239.00
17d. Other. Specify:	17b. Car payments for Vehicl	e 2	17b	\$0.00
17d. Other. Specify:	17c. Other. Specify:		17c	\$0.00
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19.Other payments you make to support others who do not live with you.  Specify: Child  20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d \$0.00				\$0.00
Specify: Child  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses. 20d \$0.00			18.	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes. 20b 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses. 20d \$0.00		to support others who do not live with you.		
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20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses.  20d \$0.00				\$0.00
20c. Property, homeowner's, or renter's insurance 20c \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00		r - 2		
20d. Maintenance, repair, and upkeep expenses.  20d \$0.00		or renter's insurance		
	, ,,			
			20d	\$0.00

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Fill in this infor	mation to identify your c	ase:			
Debtor 1	Edward	J.	Kossman		
Debtor 2	First Name	Middle Name	Last Name		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	Northern	District of Illinois		
Case number			(State)		
(If known)					eck if this is a
Official	Form 106De	ec			ended filing
		 Individual Debte	orie Schadulae		12/1
					12/1
If two married	people are filing togeth	er, both are equally respon	sible for supplying correct info	ormation.	
money or prop				g a false statement, concealing property, or ol 1,000, or imprisonment for up to 20 years, or b	
Part 1: Sign	n Below				
Did you p	ay or agree to pay some	eone who is NOT an attorne	y to help you fill out bankrupt	cy forms?	
<b>√</b> No					
Yes.	Name of person		Attach Bankruptcy Petitio Signature (Official Form	n Preparer's Notice, Declaration, and 119).	
	,	,			
Under pe	nalty of perjury, I deglar	re that I have read the sum	mary and schedules filed with	this declaration and	

Signature of Debtor 2

MM/DD/YYYY

that they are true and correct.

/s/ Edward Kossman
Signature of Debtor 1

Date 5/19/2017

MM/DD/YYYY

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Fill in this	information to ide	ntify your c	ase:						
Debtor 1	Edward First Name		J. Middle	Name	Kossman Last Name				
Debtor 2 (Spouse, if fi	ling) First Name		Middle	Name	Last Name				
United Sta	ates Bankruptcy Co	urt for the:	Northern	Dis	trict of Illinois				
Case num	nber				(State)				
, ,									Check if this is a
Offici	al Form 1	07							amended filing
State	ment of Fir	nancia	I Affairs f	or Indivi	duals F	iling for	Bankrı	uptcy	04/10
informati		e is neede	d, attach a sep						supplying correct e your name and case
Part 1:	Give Details Ab	out Your	Marital Status	and Where	You Lived E	Before			
1. Wh	at is your current	marital sta	tus?						
□	Married Not married								
2. Dui	ring the last 3 yea	rs, have yo	u lived anywher	e other than w	here you live	now?			
□	No Yes. List all of the	places yo	u lived in the las	st 3 years. Do n	ot include w	nere you live n	OW.		
	Debtor 1:			Dates Debto there	or 1 lived	Debtor 2:			Dates Debtor 2 lived there
						Same as	Debtor 1		Same as Debtor 1
	5508 West 83rd S Number Street	itreet		From <u>01/20</u> To 06/20		Number Stre	et		- From
	Burbank	Illinois	60459		<u> </u>				<u> </u>
	City	State	Zip Code			City	State	Zip Code	<u> </u>
						Same as	Debtor 1		Same as Debtor 1
	Number Street			From		Number Stre	et		From
	City	State	Zip Code			City	State	Zip Code	-
and t	in the last 8 years territories include Ari No Yes. Make sure yo	zona, Califo	rnia, Idaho, Loui	siana, Nevada, N	lew Mexico, I	Puerto Rico, Tex			Community property states 1.)

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Debt	tor 1	Edward J.	Kossma		umber (if known)		
		First Name Middle	e Name Last Nam	ie			
Part	2:	Explain the Sources of Your Inc	come				
4.	Fill i	you have any income from employm n the total amount of income you receivities. If you are filing a joint case and you No Yes. Fill in the details.	ved from all jobs and all busir	esses, including part-time		rs?	
			Debtor 1		Debtor 2		
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	
		om January 1 of current year until e date you filed for bankruptcy:	Wages, commissions, bonuses, tips  Operating a business	\$10000.00	Wages, commissions, bonuses, tips Operating a business		
	For last calendar year: (January 1 to December 31, 2016 )  YYYY		Wages, commissions, bonuses, tips  Operating a business	\$38000.00	Wages, commissions, bonuses, tips Operating a business		
		or the calendar year before that: anuary 1 to December 31, 2015 ) YYYY	Wages, commissions, bonuses, tips  Operating a business	\$55000.00	Wages, commissions, bonuses, tips Operating a business		
   	nclu oubl filing	you receive any other income during the income regardless of whether that in ic benefit payments; pensions; rental in a joint case and you have income that each source and the gross income from No  Yes. Fill in the details.	ncome is taxable. Examples o come; interest; dividends; mo you received together, list it o	f other income are alimony; oney collected from lawsuits; only once under Debtor 1.	royalties; and gambling and lott	· ·	
			Debtor 1		Debtor 2		
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	
		rom January 1 of current year until he date you filed for bankruptcy:					
		or last calendar year: January 1 to December 31, 2016 ) YYYY					
		or the calendar year before that: January 1 to December 31, 2015 )  YYYY					

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Kossman Debtor 1 Edward \_\_ Case number (if known) Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

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tor '	1 Edward		J.	Ko	ssman	Case number	(if known)
	First Name		Middle Name	Las	t Name		
Insi cor age	iders include your porations of whicl	relatives; a n you are a for a busin	ny general partners n officer, director, p ess you operate as	; relatives of any person in control,	general partners; part or owner of 20% or	nerships of which y more of their voting	who was an insider? ou are a general partner; securities; and any managing domestic support obligations,
<b>✓</b>	No						
	Yes. List all pay	ments to a	ın insider.				
				Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Insider's Name						
	Number Street						
	City	State	Zip Code				
	Insider's Name						
	Number Street						
	0.1	01-1-	71. 0. 1.				
	City	State	Zip Code				
insi	der? ude payments on No	debts gua	ranteed or cosigne	d by an insider.	Total amount paid	Amount you still owe	n account of a debt that benefited an  Reason for this payment  Include creditor's name
	Insider's Name						
	Number Street						
	City	State	Zip Code				
	Insider's Name	State	Zip Code				
		State	Zip Code				
	Insider's Name	State	Zip Code				

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Kossman Debtor 1 Edward Case number (if known) Middle Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No ◪ Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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Debt	tor 1 Edward First Name	J. Middle Name	Kossman Last Name	Case number (if known)	
11.	Within 90 days before you file accounts or refuse to make a			pank or financial institution, set off ar	y amounts from your
	No Yes. Fill in the details.				
	_		Describe the action th	e creditor took Date a was ta	
	Creditor's Name		-		
	Number Street		Last 4 digits of account	number: XXXX-	
	City State	Zip Code	-		
12.		for bankruptcy, was		possession of an assignee for the ber	nefit of creditors, a court-
	✓ No ✓ Yes	,			
Part	t 5: List Certain Gifts and C	Contributions			
13.		d for bankruptcy, di	d you give any gifts with a t	otal value of more than \$600 per pers	son?
	✓ No  Yes. Fill in the details for the second of the seco	each gift.			
	Gifts with a total value of per person	more than \$600	Describe the gifts	Dates gave the gifts	=
	Person to Whom You Gave	the Gift	-		
	Number Street		-		
	City State Person's relationship to you	Zip Code ı	-		
	Person to Whom You Gave	the Gift	-		
	Number Street		-		
	City State Person's relationship to you	Zip Code	-		

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Debto		Edward J.		Kossman	Case number (if know	n)	
		First Name M	fiddle Name	Last Name			
14. V	Witl	hin 2 years before you filed for b	ankruptcy, did yo	u give any gifts or contrib	outions with a total value o	of more than \$600	o any charity?
	<b>✓</b>	No					
		Yes. Fill in the details for each g	rift or contribution				
	Ш				25. 1. 4	D. I.	W.L.
		Gifts or contributions to charit that total more than \$600	ies	Describe what you cont	tributea	Date you contributed	Value
		Charity's Name					
		Charley 3 Name					
			<u> </u>				
		Number Street					
		City State	Zin Codo				
		City State	Zip Code				
Part 6	<b>6</b> :	List Certain Losses					
		nin 1 year before you filed for ba	nkruptcy or since	you filed for bankruptcy,	did you lose anything bed	ause of theft, fire,	other disaster, or
ç	gam	nbling?					
[	✓	No					
[		Yes. Fill in the details.					
		Describe the property you lost	and	Describe any insurance		Date of your	Value of property
		how the loss occurred		Include the amount that in pending insurance claims		loss	lost
				A/B: Property.	on line 33 of <i>Ocheanie</i>		
						l	
			_				
Part 7	8	List Certain Payments or Tra	ansters				
		ut seeking bankruptcy or prepai ude any attorneys, bankruptcy petit No			or services required in your ba	ankruptcy.	
	✓	Yes. Fill in the details.					
				Description and value of transferred	f any property	Date payment or transfer was made	Amount of payment
		Midwest Bankruptcy Attorneys LL	C	Attornovis Foo - 400 00		05/2017	\$400.00
		Person Who Was Paid		Attorney's Fee - 400.00		33/2017	ψ 100.00
		321 N. Clark					
		Number Street					
		Suite 800					
		Chicago Illinois	60654				
		City State	Zip Code				
		Email or website address					
		Email or website address  Person Who Made the Payment, i	if Not You				
			if Not You				
		Person Who Made the Payment, i	if Not You				
		Person Who Made the Payment, i	if Not You				
		Person Who Made the Payment, i  Person Who Was Paid  Number Street					
		Person Who Made the Payment, i	if Not You  Zip Code				
		Person Who Made the Payment, i  Person Who Was Paid  Number Street					

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Debtor 1	Edward	J.		se number (if known)		
	First Name	Middle Name	Last Name			
he	lp you deal with your cr	led for bankruptcy, did y editors or to make paym or transfer that you listed		alf pay or transfer	any property to an	yone who promised to
<b>✓</b>	No Yes. Fill in the details.					
	•		Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment
	Person Who Was Paid					
	Number Street		•			
	City Stor	to Zin Codo				
	City Stat	te Zip Code				
		ers and transfers made as s already listed on this stater	security (such as the granting of a security nent.	/ interest or mortga(	ge on your property)	. Do not include gifts
	•		Description and value of property transferred		property or ceived or debts pai	Date d transfer was made
	Purchaser, Unknown T Person Who Received		Sale of Burbank, IL home	\$239,000 sa	ales price; \$6,500 ne	t 07/2016
	Number Street					
	City Stat Person's relationship to none					
	Person Who Received	Fransfer				
	Number Street					
	City Stat Person's relationship to					
be	thin 10 years before you neficiary? nese are often called asset		d you transfer any property to a self-se	ettled trust or simi	lar device of which	n you are a
<u>~</u>	No					
L	Yes. Fill in the details.		Description and value of the pro	perty transferred		Date transfer was made
	Name of trust					

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Kossman Debtor 1 Edward \_ Case number (if known) Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code City State Zip Code

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Kossman Debtor 1 Edward \_\_ Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code Zip Code City State Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

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Debte		Edward		J.	Kossman	Case nui	mber (if known)	
		First Name		Middle Name	Last Name			
26.	Hav	e you been a party No	y in any judic	ial or administ	rative proceeding under	r any environmental l	aw? Include settlements and orde	rs.
		Yes. Fill in the det	tails.					
	_				Court or agency	N	ature of the case	Status of the case
		Case title						Pending
					Court Name			On appeal
		Case number			NumberStreet			Concluded
		<u>.</u>			City State	Zip Code		
Part	11:	Give Details Ab	oout Your B	usiness or C	onnections to Any Bu	ısiness		
27.	Witl	nin 4 years before	you filed for	bankruptcy, di	d you own a business or	have any of the follo	wing connections to any business?	?
				-	ade, profession, or othe	=	me or part-time	
		ш			LLC) or limited liability pa	artnership (LLP)		
		A partner in a	-		vo of a corporation			
		_			ve of a corporation equity securities of a cor	poration		
		_				poration		
	<b>✓</b>	No. None of the a						
		Yes. Check all that	at apply abov	e and fill in the	e details below for each l	business.		
					Describe the nat	ure of the business	Employer Identification nu include Social Security nu	
		Business Name			_		EIN:	
		Number Street			_		Dates business existed	
		City	State	Zip Code	Name of account	ant or bookkeeper	From To	
		<b></b> ,	State	<b>_</b> ,p			FromTo	
					Describe the nat	ure of the business	Employer Identification no include Social Security no	
		Business Name			_		EIN:	
		Number Street					Dates business existed	
					Name of account	ant or bookkeeper		
		City	State	Zip Code			From To	
					Describe the nat	ure of the business	Employer Identification no include Social Security no	
		Business Name			_		EIN:	
		Number Street			Name of account	ant or hookkeeper	Dates business existed	
		City	State	Zip Code		ant or bookkeeper	From To	

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Debt	tor 1 E	dward		J.	Kossman	Case number (if known)
	Fi	irst Name		Middle Name	Last Name	
28.	credi	in 2 years before y itors, or other par No Yes. Fill in the deta	ties.	bankruptcy, did yo	u give a financial stateme	nt to anyone about your business? Include all financial institutions,
	ш				Date issued	
					Date Issueu	
		Name			MM/DD/YYYY	
					=	
		Number Street				
		City	State	Zip Code	_	
		City	State	Zip Code		
Part	12: \$	Sign Below				
t	rue an	nd correct. I unde truptcy case can i	rstand that result in fine	making a false states s up to \$250,000, o	tement, concealing proper	ents, and I declare under penalty of perjury that the answers are ty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
		/S/ E	Edward Koss			<u> </u>
		Signatu	ire of Debtor	ı		Signature of Debtor 2
		Date 5	/24/2017			Date
	Did voi	u attach addition:	al nages to	Your Statement of	Financial Affairs for Individ	luals Filing for Bankruptcy (Official Form 107)?
_	_		ui pages to	our otatement or	i manolal Anano loi marvi	data i ming for Bankraptoy (Ginolai i Gini 107).
Ŀ	✓ No	)				
	Yes	es .				
	Did you	u pay or agree to	pay someon	e who is not an att	orney to help you fill out b	ankruptcy forms?
Γ.	<b>√</b> No	)				
	Ye	es. Name of person				Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Debtor	1 Edward	J.	Kossman	Case number (if known)
	First Name	Middle Name	Last Name	
	ithin 2 years before you filed editors, or other parties.	for bankruptcy, did	you give a financial stater	nent to anyone about your business? Include all financial institutions,
Z	No Yes. Fill in the details belov	.,		
L	Tes. Fill III the details below	v.		
			Date Issued	
	Name		MM/DD/YYYY	<del></del>
	Number Street			
	City State	Zlp Code		
	— Oity State	21p 00d6		
Part 12	Sign Below			
true	and correct. I understand t	hat making a false s fines up to \$250,000	tatement, concealing pro	ments, and I declare under penalty of perjury that the answers are perty, or obtaining money or property by fraud in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
	Signature of Deb	otor 1		Signature of Debtor 2
	Date 5/19/2017	, '\		Date
Did	you attach additional pages	to Your Statement	of Financial Affairs for Indi	viduals Filing for Bankruptcy (Official Form 107)?
V	No			
	Yes			
Did	you pay or agree to pay som	eone who is not an	attorney to help you fill ou	t bankruptcy forms?
V	No			
靣	Yes. Name of person			Attach the <i>Bankruptcy Petition Preparer's Notice,</i> Declaration, and Signature (Official Form 119).

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Fill in this information to identify your case:						
Debtor 1	Edward	J.	Kossman			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		Northern	District of Illinois (State)			
Case number (If known)			(Ciato)			

Check if this is an amended filing

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Did you claim the property Identify the creditor and the property that is collateral What do you intend to do with the property that secures a debt? as exempt on Schedule C? Surrender the property. Creditor's name: KIAMOTORS Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Kia Optima | Value: \$5,000.00 Retain the property and [explain]: Creditor's Surrender the property. No. name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]: No. Surrender the property. Creditor's name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: No. Creditor's Surrender the property. name: Yes Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]:

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Debtor	Edward	J.	Kossman	Case number (if
1	First Name	Middle Name	Last Name	known)
Part 2:	List Your Unexpired Perso	onal Property Lease	es	
informa		ate leases. Unexpired	leases are leases that a	Contracts and Unexpired Leases (Official Form 106G), fill in the are still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2).
Des	scribe your unexpired personal	property leases		Will the lease be assumed?
Les	ssor's name:			No Yes
	scription of leased perty:			
Les	ssor's name:			□ No □ Yes
	scription of leased perty:			
Les	ssor's name:			□ No □ Yes
	scription of leased perty:			
Les	ssor's name:			□ No □ Yes
	scription of leased perty:			
Les	ssor's name:			□ No □ Yes
	scription of leased perty:			_
Les	ssor's name:			□ No □ Yes
	scription of leased perty:			_
Les	ssor's name:			□ No □ Yes
	scription of leased perty:			_
Part 3:	Sign Below			
Unde			ny intention about any p	property of my estate that secures a debt and any personal
×	/s/ Edward Kossman		×	
_	ignature of Debtor 1			nature of Debtor 2
D	tate 5/24/2017 MM/DD/YYYY		Date	e MM/DD/YYYY

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	Edward	J.	Kossman	Case number (If
	First Name	Middle Name	Last Name	known)
2:	List Your Unexpir	ed Personal Property Leas	es	
rmat	ion below. Do not lis		l leases are leases that	Contracts and Unexpired Leases (Official Form 106G), fill in the are still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2).
Des	cribe your unexpired	l personal property leases		Will the lease be assumed?
Less	sor's name:			□ No □ Yes
	cription of leased perty:	and the second s		
Less	sor's name:			No Yes
	cription of leased perty:			Second
Less	sor's name:			☐ No ☐ Yes
	cription of leased perty:			<del></del>
Less	sor's name:			□ No □ Yes
	cription of leased perty:			
Less	sor's name:			No Yes
	cription of leased perty:			
Less	sor's name:			☐ No ☐ Yes
	cription of leased perty:			
Less	sor's name:			☐ No ☐ Yes
	cription of leased perty:			<del></del>
3:	Sign Below			
Jnde	r penalty of perjury,	I declare that I have indicated o an unexpired lease.	my intention about any	property of my estate that secures a debt and any personal
	/s/ Edward Kossman gnature of Debtor 1	Edul Kom	<u>*************************************</u>	nature of Debtor 2
	ate 5/19/2017  MM/DD/YYYY	'	Da	

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B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

		Northern District of it	illiois	
In re	Edward J. Kossman		Case No.	
	Debtor			(If known)
			Chapter	Chapter 7
	DISCLOSURE OF CO	MPENSATION O	F ATTORNEY F	OR DEBTOR
1.	. Pursuant to 11 U.S.C. § 329(a) and Fed. E compensation paid to me within one year rendered or to be rendered on behalf of th	before the filing of the petition	in bankruptcy, or agreed to	be paid to me, for services
	For legal services, I have agreed to accept			\$1,600.00
	Prior to the filing of this statement I have a	received		\$0.00
	Balance Due			\$1,600.00
2	. The source of the compensation paid to m	ne was:		
	<b>✓</b> Debtor	Other (specify)		
3	. The source of the compensation paid to m	ne is:		
	<b>✓</b> Debtor	Other (specify)		
4	. I have not agreed to share the above-omembers and associates of my law fir		ny other person unless the	y are
	I have agreed to share the above-disc members or associates of my law firm the people sharing in the compensation	. A copy of the agreement, toge		
	Midwest Bankruptcy Attorneys LLC ("Shaw Fishman") and a portion of debtor has acknowledged and con	fees paid are shared with Shared		
5	. In return for the above-disclosed fee, I have	re agreed to render legal service	e for all aspects of the bank	ruptcy case, including:
6	. By agreement with the debtor(s), the above	e-disclosed fee does not includ	le the following services:	
		CERTIFICATION		
	I certify that the foregoing is a complete stator(s) in this bankruptcy proceedings.	tement of any agreement or arra	angement for payment to m	ne for representation of the
	5/24/2017		/s/ Robert W Glantz	
	Date		Signature of Attorney	
		Midv	vest Bankruptcy Attorneys LLC	
			Name of law firm	

#### REPRESENTATION AGREEMENT

### **Chapter 7 Bankruptcy**

This Representation Agreement ("Agreement") is entered into by and between EDWARD KOSSMAN ('Client" or "you") and MIDWEST BANKRUPTCY ATTORNEYS LLC ("Attorney" or "we"). We will provide the legal services described below on these terms:

1. FEES. We will provide the legal services described below for \$1,600 plus costs. In addition to the fee for professional services, the court's filing fee is \$335. You have agreed to pay \$400 up front for fees and costs and then \$160 per month for 10 months after your case is filed.

The flat fee listed above is based on the facts as you have described them in our initial meeting. If you understated the complexity of the issues regarding your situation or, if after review of the questionnaire or additional documentation, we determine that your case is far more complex or the questionnaire substantially incomplete, then we are not bound by the flat fee mentioned above.

If for any reason, you decide not to file bankruptcy after making the first payment, we will be entitled to keep those funds as payment in full for the services rendered to date. PLEASE ALSO BE ADVISED that there is a \$25 service charge for all returned checks.

#### 2. SCOPE OF REPRESENTATION:

<u>Included Services</u>: This agreement covers the analysis of your financial condition, the forms of bankruptcy available to you, the scope of the relief you may obtain, the preparation and filing of a petition, schedules and claims of exemption with the bankruptcy court, and attendance at the initial §341 meeting of creditors.

<u>Services Not Included</u>: The flat fee provided in this agreement does not include representation related to disputes or objection to claims of exemption, reaffirmation of debts, relief from stay, objections to discharge and dischargeability of debts<sup>1</sup>, avoidance of liens, discharge and/or release of tax liens, requests for production of documents by the Chapter 7 Trustee or any other party nor any appearances at, or preparation of 2004 examinations whenever provided, nor any services<sup>2</sup> rendered after the first meeting of creditors. The flat fee also does not cover any governmental audits. This agreement also does not cover representation in any litigation now pending or filed hereafter outside the bankruptcy court nor does it include the cost of mandated prefiling credit counseling or post filing financial management class.

Billing Terms: Representation for preparing reaffirmation agreements will be charged at a rate of \$350 per agreement. Additional matters not covered by the flat fee will be billed to you at

<sup>&</sup>lt;sup>1</sup> Litigation involving a discharge and/or dischargeability action will require a separate representation agreement and be billed to you at \$300.00 per hour.

<sup>&</sup>lt;sup>2</sup> Services includes, but is not limited to, telephone calls and email communications between this office and You and between this office and other parties, amending and revising schedules, drafting letters, and documenting developments in the case.

the rate of \$300.00 per hour for attorneys and \$120.00 per hour for paralegal. You agree to pay for any and all of the above mentioned services upon receipt of the invoice. Unpaid balances incur interest at the rate of 10%; in any month in which there is no payment on an outstanding balance, there is a rebilling charge in the amount of \$30.00. You also agree to pay our costs of collection, including reasonable attorney's fees incurred in the course of collection, should you fail to pay as agreed.

- 3. COSTS. In addition to the flat fee described above, you also agree to pay all out-of-pocket costs incurred by Attorney in the course of this representation, including but not limited to, copying, postage, long distance telephone charges, fax charges, courier, overnight delivery, title reports, transportation costs including mileage, when necessary and any other costs that are necessary in the opinion of the Attorney to accomplish the purposes of the representation.
- 4. PREFILING PLANNING AND/OR AGREEMENTS: If we have separately billed you for prefiling planning or we have asked you to sign a prefiling agreement those fees must be paid in full before we are obligated to file the case.
- 5. CONDITIONS. This Agreement will not take effect, and we will have no obligation to provide legal services, until you return a signed copy of this Agreement and pay the retainer called for above.
- 6. CLIENT RESPONSIBILITIES. You understand that the ultimate responsibility for the accuracy and completeness of the bankruptcy schedules and the list of creditors rests with you. Attorney will attempt to assist you in locating and listing your creditors and their current addresses but you agree to be responsible for the completeness of the creditor list and You agree to hold Attorney harmless for the omission or inaccurate listing of any creditor. You sign the schedules under penalty of perjury and you agree to carefully review them prior to signing. Further, you understand that we will rely on the information supplied by you about your assets and liabilities to advise you; failure to be both truthful and thorough may limit the relief you obtain by the bankruptcy filing. It is essential that you read carefully and respond timely to each and every communication from us.
- 7. AMENDMENTS. Bankruptcy law requires that you file amended schedules if within 6 months of the bankruptcy filing, you acquire or become entitled to an inheritance, marital property settlement, life insurance or death benefit. You agree to contact us within 7 days of learning that you may be entitled to receive any of these kinds of property.
- 8. COSTS FOR AMENDMENTS. You agree that in the event that documents filed with the court require amending due to your failure to provide adequate or necessary information, you will pay \$100.00 plus the court's \$26.00 filing fee for amendments.
- 9. REAFFIRMATION AGREEMENTS. During the course of your case we may receive proposed reaffirmation agreements from some of your creditors. We will only forward or discuss with you those agreements that reference a valid security interest unless you instruct

us differently. As stated above, services related to reaffirmation agreements are not included in the flat fee listed above and you will be billed at a rate of \$350 per reaffirmation agreement.

- 10. CLIENT'S FILES. We will provide you copies of all documents we create in the course of representation. Should you desire another copy of documents from your client file, you agree to pay for copy costs at our then current rate. Likewise should you desire your client file returned to you at any time, you agree to pay the cost of a copy for attorney's records. If your file has been sent to storage, you also agree to pay any costs associated in retrieving your file from storage.
- 11. FILE DESTRUCTION: Unless you strike out this paragraph, you agree that we are permitted to destroy your client files 5 years after we send it to storage.
- 12. COURT GUIDELINES. As required by local bankruptcy rule, we have attached a copy of the court's guidelines for attorney services in Chapter 7 cases.
- 13. NO GUARANTEES. You understand and agree that we make no guarantees as to the discharge of any particular debt. You specifically acknowledge that priority debts including recent taxes and support obligations, secured debts, taxes for years for which no return was filed or for which a return was filed within two years of the bankruptcy filing, debts arising out of divorce and student loans are not dischargeable in a Chapter 7 case.
- 14. MODIFICATIONS: Any modifications and/or changes to any of the terms and fees agreed to herein must be in writing and signed by both you and Attorney.
- 15. APPEARANCES BY PHONE: The flat fee provided above contemplates that you will appear in person at the 341 meeting. If, for any reason, you desire to make your 341 appearance by phone, you agree to pay for any attorney fees and costs related to the phone appearance. Attorney agrees to keep separate time records for arranging the phone appearance.

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16. EMAIL: This office routinely communicates by email. Unless you initial below, you agree that we may email you at the email address You provide and You also agree to advise us if there is a change to that email address. edwardkossman1@gmail.com

You understand that Midwest Bankruptcy Attorneys LLC is unwilling to represent you without an advance payment retainer. You agree this is an "advance payment retainer" and it is placed immediately in our general account.

At your option, you may require us to treat this as a security retainer. The choice of retainer is yours alone. The reason we propose to treat this as an advance payment retainer is that this is perhaps the first time and only time you will be our client. We have not made any inquiries into your credit-worthiness and you desire our immediate attention to this matter. We will immediately or soon thereafter be utilizing the funds provided in this advance retainer in any event. We agree that it is to your advantage that we give our immediate and dedicated attention to this matter.

Accordingly, by executing this agreement, you agree the retainer is an advance payment retainer.

Midwest Bankruptcy Attorneys LLC ("Midwest") is a law firm affiliated with the law firm of Shaw Fishman Glantz & Towbin LLC ("Shaw Fishman") and allocates a portion of your fees paid to certain common expenses of Shaw Fishman. To the extent any fees paid by you are shared with Shaw Fishman, you hereby acknowledge and consent to such sharing.

FINALLY, PLEASE NOTE THAT WE ARE A DEBT RELIEF AGENCY. WE HELP PEOPLE FILE FOR BANKRUPTCY RELIEF UNDER THE BANKRUPTCY CODE.

		MIDWEST BANKRUPTCY ATTORNEYS LLC
Dated:	5-23-2017	By:
		Robert Glantz, Attorned at Law
		/
Dated:	5-23-2017	By: Colm Komm
		Edward Kossman

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1 717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$275	total fee
+	\$75	administrative fee
	\$200	filing fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

# Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to:
<a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

In re:	Kossman, Edward J.  Debtor(s)	Case No	
		Chapter.	Chapter7
	VERIFICA	TION OF CREDITOR MAT	RIX
TI knowledge	he above named Debtors hereby verify the.	nat the attached list of creditors is tr	ue and correct to the best of their
Date:	5/24/2017	/s/ Kossman, Ed Kossman, Edwa Signature of Deb	ard J.

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### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

In re:	Kossman, Edward J.  Debtor(s)	Case No	
	Debtol(s)	Chapter.	Chapter7
	VERIFI	CATION OF CREDITOR MAT	TRIX
Th knowledge	•	fy that the attached list of creditors is tr	rue and correct to the best of their
			. /
Date:	5/19/2017	/s/ Kossman, Ed Kossman, Edwa Signature of Dek	ard J.

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FNB OMAHA PO Box 2490 Omaha, NE, 68103

Citi POB 6241 SIOUX FALLS, SD, 57117

KIAMOTORS 10550 TALBERT AVENUE FOUNATIN VALLEY, CA, 92708

NISSAN MOTOR ACCEPTANC PO BOX 660360 DALLAS, TX, 75266

DISCOVERBANK POB 15316 WILMINGTON, DE, 19850

DISCOVER FIN SVCS LLC PO BOX 15316 WILMINGTON, DE, 19850

SYNCB/CARECR C/O PO BOX 965036 ORLANDO, FL, 32896

Syncb/Care Credit PO BOX 965036 ORLANDO, FL, 32896

CAP1/MNRDS 26525 N RIVERWOODS BLVD LAKE FOREST, IL, 60045

SYNCB/WLMRTD PO Box 530927 Atlanta, GA, 30353

CBNA 50 NORTHWEST POINT ROAD ELK GROVE VILLAGE, IL, 60007 THD/CBNA P.O.Box 6497 SIOUX FALLS, SD, 57117

US BANK 1100 SOO LINE BLDG MINNEAPOLIS, MN, 55402

BELL WEST COMMUNITY CR 3060 WOLF RD WESTCHESTER, IL, 60154

WELLS FARGO HM MORTGAG 7495 NEW HORIZON WAY FREDERICK, MD, 21703

PNCBANK 2730 LIBERTY AVE PITTSBURGH, PA, 15222

Kay Jewelers 375 GHENT RD FAIRLAWN, OH, 44333

GREATLKSCU BUILDING 290 GREAT LAKES, IL, 60088

USBANKHM P.O. BOX 20005 OWENSBORO, KY, 42304

Cap1/BSTBY PO BOX 5253 CAROL STREAM, IL, 60197

SYNCB/WALMART DC PO BOX 965024 ORLANDO, FL, 32896

COMENITY BANK/ROOMPLCE PO BOX 182789 COLUMBUS, OH, 43218 SYNCG/GAP PO Box 530942 Atlanta, GA, 30353

Great Lakes Credit Union 2111 Waukegan Road Bannockburn, IL, 60015

Little Company of Mary Hospital & Health Care Center P.O. Box 97677 Chicago, IL, 60678

Cardiovascular Consultant 2800 W 87th Street Chicago, IL, 60652

Best Buy Credit Services PO Box 78009 Phoenix, AZ, 85062